

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID. NO.	DATE
FEE DETERMINATION	PBA	102385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CRA	101159	11-29-99

INDEX OF CLAIMS

Rejected

Allowed

(Through numeral)

Cancelled

Restricted

N

I

A

O

Non-Examination

Appeal

Objected

Claim	Final	Date	Original	Final	Date	Original	Final	Date	Original
1				51			110		
2				52			111		
3				53			112		
4				54			113		
5				55			114		
6				56			115		
7				57			116		
8				58			117		
9				59			118		
10				60			119		
11				61			120		
12				62			121		
13				63			122		
14				64			123		
15				65			124		
16				66			125		
17				67			126		
18				68			127		
19				69			128		
20				70			129		
21				71			130		
22				72			131		
23				73			132		
24				74			133		
25				75			134		
26				76			135		
27				77			136		
28				78			137		
29				79			138		
30				80			139		
31				81			140		
32				82			141		
33				83			142		
34				84			143		
35				85			144		
36				86			145		
37				87			146		
38			✓	88			147		
39			✓	89			148		
40				90			149		
41				91			150		
42				92					
43			✓	93					
44			✓	94					
45				95					
46				96					
47				97					
48				98					
49				99					
50				100					

If more than 150 claims or 10 actions
staple additional sheet here

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